May 14, 1999 8:00 am Secretary of State

05-14-1999 90001 004 \*\*\*450.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000100557

1. Corporation Name

SUNCOAST TITLE LOANS, INC.

						AALII AALIK WAN P		ALLIL K <b>er</b> i k <b>er</b> i
Principal Place of Business Mailing Address						1911   19191 HEIL		111(1 18 <b>6</b> 1 1881
21 9TH STREET SOUTH 21 9TH STREET SOUTH								
SUITE 200		SUITE 200				DO NOT WRITE IN THIS SPACE		
ST PETERSBURG FL 33705		ST PETENSBURG FL 33/0	ST PETERSBURG FL 33705		3. Date Incorporated or Qualifed			
					01/01/1998	u .		
O Dwin single Di	loss of Business	2a. Mailing Address		<del></del>	4. FEI Number		ΙΔnr	plied For
<u> </u>			ia (ess		59-34797	80	J	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			+ <u> </u>		\$8.75 A	
<b>→</b> ' ' ' ' ' \		<del>                                     </del>	27		5. Certificate of Status Desired		Fee Red	
22 City & State			City & State		6. Election Campaign Financing	1 _	\$5.00	May Re
23		<del></del>	28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	ntry	8. This corporation owes the cu	irrent vear Inti	angible	
24	25	29	30		Personal Property Tax.	<b>,</b>		□No
	9. Name and Address of Curi		1		10. Name and Address of New	Registered	Agent	
				81 Name	Dicharice			
AMERILAWYER			}	82 Street Add	dress (P.O. Box Number is Not Accept	otabla)		
343 ALMERIA AVENUE			Į	82 Street Add	iress (FO, Box Mullioer is MOLACCE)	7 20	· D	ļ
CORAL GABLES FL 33134				83	200			
			ļ	51	rece,			
				84 City	FL	FL	85 26 3	\$9°,5
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the ab	ove-named cor	poration submits this statement for the ion's board of directors. I hereby according to the ion's board of directors.	ie purpose of	changing its	registered
office or r	egistered agent, or both in the Sta	ate of Florida. Such change was a	uthorized	by the corporat	ion's board of directors. I hereby acc	ept the appoir	ntment as reg	jistered
	in administration, and added to the oat		1/1	00		V	11/99	İ
SIGNATURE	Signature, typed or printed pame of registered	1 1 C - 1 U - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Registered	Agent signature requir	red when reinstating)	DATE 1 {	Jan J	——
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTO	RS IN 12
TITLE	PSTD	☐ DELETE	! 1.1 TIT	LE			☐ Change	☐ Addition
NAME	SPADA, RICHARD		1.2 NA	ME				1
STREET ADDRESS			13 STI	REET ADDRESS				}
CITY-ST-ZIP	ST PETERSBURG FL 33705		1,4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	2.1 TIT	LE			Change	Addition
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 STI	REET ADDRESS				
CITY-ST-ZIP			2. 4 CI	ry-st-zip	_			
TITLE		☐ DELETE	3 1 TIT				Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET ADDRESS				
CITY-ST-ZIP			3.4. Cr	ry-st-zip				
TITLE		☐ DELETE	4.1 TIT				Change	☐ Addition
NAME			4. 2 N/	ME				
STREET ADDRESS			43 ST	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT				[] Change	Addition
NAME			52 NA	ME				ļ
STREET ADDRESS			5.3 STI	REET ADDRESS				
CITY-ST-ZIP			5.4 CR	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 111	LE			Change	Addition
NAME			6.2 NA	ME				Į

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP